

CASE STUDY

- 3rd grade student originally presented with academic concerns in 2nd grade (2007-08 school year)
- Student was taken to IAT in 2nd grade, academic intervention plan was developed. As part of the IAT process, she had a vision exam, and it was determined that she needed eye surgery.
- During the eye surgery, an MRI revealed a midbrain tumor and hydrocephalus
- On 11/14/08, Student was admitted to Nationwide Children's Hospital with complaints of headaches, disconjugate gaze and right facial droop
- On 11/17/08, Student received a suboccipital craniotomy and resection of the brain tumor and VP shunt
- On 12/15/08, Student was transferred to the rehab unit at NCH where she received PT, OT, SLT, RT (recreational therapy), massage therapy, psychology, and social work services. She remained there through 1/21/09.
- At the school re-entry meeting, 1/21/09, Student was reportedly having difficulty seeing out of her right eye, especially when looking upward and to the right. Her eyes were also reportedly not tracking well together.
 - Student was also struggling with short-term memory, balance and walking. She was reportedly able to walk short distances with a gait belt, but required a wheel chair for longer distances.
 - Student was also experiencing some personality changes such as more impulsive, labile, and various emotions that ranged from good to bad.
 - The neuropsychologist reported that Student's verbal reasoning and verbal memory appeared to be intact, but her motor output, speed, dexterity, visual-spatial processing, and abstract-visual reasoning skills were well below average. He also reported that Student was struggling with naming and word recall as well as executive functioning.
 - The speech-language pathologist reported delays in Student's processing speed, cognitive flexibility, and impulsivity. On the CELF-4, she earned a core language score of 90, receptive language score of 73, expressive language score of 98, language content score of 74, and language memory score of 94.
 - The physical therapist reported decreased bilateral lower extremity muscle tone with increased tone in bilateral ankles. She also reported that Student exhibited mild ataxia in her trunk and had impaired gross motor coordination.
 - The occupational therapist reported impaired fine motor skills due to vision and decreased coordination and speed. She also reported that Student was struggling with handwriting: decreased baseline accuracy, decreased near and far point copying, decreased top to bottom progression, decreased speed, decreased legibility, and she struggled with cutting due to her vision, speed, strength, and coordination.